UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
Tony Ouga Workins  Took Live HVE  Brook Live HVE	
(In the space above enter the full name(s) of the plaintiff(s).)	<u> </u>
The City of New York	COMPLAINT
DOE FUND 1' Regay WILL	Jury Trial: □ Yes □ No (check one)
Lenard PettiGrew	•
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)  I. Parties in this complaint:	DEGETVED NARR-2 2014 W PROSECFFICE
A. List your name, address and telephone number. If you are identification number and the name and address of your current for any additional plaintiffs named. Attach additional sheets  Plaintiff  Name    On Y   Description   International plaintiff   Name   On Y   Description   International plaintiff   International plaintiff	e presently in custody, include your
Plaintiff  Name TONY DUGGI WOLKIN  Street Address 1000 Blake Ave  County, City Brook(Y)  State & Zip Code New York NY 11  Telephone Number 646-266-2788	of paper as necessary.
B. List all defendants. You should state the full name of the defendant agency, an organization, a corporation, or an indiversal defendant may be served. Make sure that the defendant(s) contained in the above caption. Attach additional sheets of paper.	endant, even if that defendant is a idual. Include the address where listed below are identical to those er as necessary.
Defendant No. 1 Name Doe Fund; Ready V Street Address 89-111 Porter AV	Villing Able
Rev. 05/2010	No.

	County, City Rrock LVD  State & Zip Code New York NY 11237  Telephone Number 112-417-2500
Defendant N	Street Address 89-111 Porter Ave County, City Brookly NewYork State & Zip Code NY 11237 Telephone Number 718-417-2500
Defendant No	o. 3 Name
	County, CityState & Zip Code
	State & Zip Code Telephone Number
Defendant No.	4 Name
	Name Street Address County, City
	County, City
	State & Zip Code
	Telephone Number
II. Basis fo	r Jurisdiction:
Federal courts a	Ce courte of limited to the
question case. It state and the amo	re courts of limited jurisdiction. Only two types of cases can be heard in federal court: a federal question and cases involving diversity of citizenship of the parties. Under 28 a case involving the United States Constitution or federal laws or treaties is a federal under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another untin damages is more than \$75,000 is a diversity of citizenship case.
question case. It state and the amo	Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another unt in damages is more than \$75,000 is a diversity of citizenship case.  The basis for federal court jurisdiction? (check all that apply)
question case. It state and the amount of the state and th	Inder 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another unt in damages is more than \$75,000 is a diversity of citizenship case.  The basis for federal court jurisdiction? (check all that apply)  1 Questions  Diversity of Citizenship
question case. I state and the amount of the state and the	Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another unt in damages is more than \$75,000 is a diversity of citizenship case.  The basis for federal court jurisdiction? (check all that apply)

## III.

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases, or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. Where did the events giving rise to your claim(s) occur? 29-111 Crter Ave Brookiyn Nyll 237 What date and approximate time did the events giving rise to your claim(s) occur? May 23, 2013 evening approximat 5:00 PM 430 PM at my steeling bed 019 happened to you? Who did what? in the Wasanvoor order of Protec involved? ++16RW NEVER mate ELCO13 Found of me the Plaintiff Who cise Beten and unconscious DOICLEY saw what happened? IV. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. WAS INSURED SEVERAL NORSAL BONE WAITLING FROCTOR FOR THE FRONT SUFFICIENT ON SALES INCLUDED.

Rev. 05/2010

V. Relief:		
		mount of monetary compensation, if any, you are
seeking, and the basis for sucl	h compensation. <u>SU</u>	in 6 for 100,000 Emotional,
		ney Damaces False Arrest
		rentional unexcusedact
		intentionally Performed
that was he	armful oroff	ensive contact
compensation		nasright too.
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Y 3 . 3		
I declare under penalty of pe	3	g is true and correct.
Signed this 2 day of April	, 20 14.	
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	Signature of Plaintiff	Jong Ougal Wattins
	Mailing Address	1000 Blake Ave
	J	Brookiyn New York NY
		11308
	Telephone Number	646-266-8788
	Fax Number (if you ha	(ve one)
	,	
Note: All plaintiffs named in must also provide their	the caption of the comp inmate numbers, presen	laint must date and sign the complaint. Prisoners at place of confinement, and address.
For Prisoners:		
I declare under penalty of perjuthis complaint to prison authorithe Southern District of New Y	ary that on this $2$ daties to be mailed to the $P$ ork,	ro Se Office of the United States District Court for
	Signature of Plaintiff:	Tory Dugal Watkins
	Inmate Number	·